## Foster Family Home - Deficiency Report

Provider ID: 1-567141

Home Name: Angelina Lopez, RN Review ID: 1-567141-10

95-253 Hakupokano Loop Reviewer: Maribel Nakamine

Mililani HI 96789 Begin Date: 10/13/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to

on 1

on 11/13/2021

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#2's APS/CAN/Fingerprinting lapsed on 9/23/2021 and no current result present. HHM#3's APS/CAN/Fingerprinting lapsed on 12/4/2019 and no current result present.

roster railing notife	Personner and Stanning	[11-600-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#2's TB clearance expired on 9/18/2020 and no current result present.

41.(f)(1)- HHM#2's TB clearance lapsed on 7/1/2021; HHM#3's TB clearance lapsed on 8/7/2020. Both had no current results present.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #1's Service Plan dated on 7/9/2021 was not signed b

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- Medication Administration Record(MAR) was last signed on 10/6/2021.

Client #2- MAR was last signed on 10/7/2021. One medication's label did not match the MD order and the MAR.

Compliance Manager

Primary Care Giver

1 lakanipe, Rome Date

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